



## DEPARTMENT OF FINANCE &amp; ADMINISTRATION

## Office of Personnel Management

## Employee Planned Work Schedule Change Form

Employee Name (Last, First, Middle)		Effective Date: (MM/DD/YY)
Personnel Number	Business Area	Personnel Area

**Permanent Change (IT0007):** Complete this Section if this is a **PERMANENT** work schedule change.

<b>Work Schedule Requested</b> (Example: MF 01 = Rule 5 days/8hrs. = Weekly Hours M-F = Work Days)	Rule	
<b>Time Management Status</b> <input type="checkbox"/> Positive Reporting (Time Sheet Required) <input type="checkbox"/> Negative Reporting (Timesheet Not Required)	Part-time Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment % of time worked  %
<b>Employee Working Week</b> (Specify from back if other than Standard). <input type="checkbox"/> Standard (Sunday-Saturday) <input type="checkbox"/> Other: (Specify) _____		

**Temporary Change (IT2003):** Complete this Section if this is a **TEMPORARY** work schedule change for exempt employees only

Daily Work Schedule	Hours
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OR

<b>Work Schedule Rule:</b> (Example: MF01 = Rule 5 days/8 hrs. = Weekly Hours M-F = Work Days)	Rule
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<b>Justification</b>
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Employee Signature	Date MM/DD/YY
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**AUTHORIZATION:**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date MM/DD/YY
	Approving Authority	Date MM/DD/YY
	Data Entered By	Date MM/DD/YY